

Exhibit A

LLP 140003809
(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Limited Liability Partnership)

PARTNERSHIP'S REGISTRATION NUMBER: _____

The enclosed Statement of Qualification and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LLP140003809-3
12/19/14--01008--005 **77.50

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(Name of Person) At (_____) _____
(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

INHS67 (2/12)

RECEIVED
DEPARTMENT OF STATE

14 DEC 19 AM 10:19

FILED
14 DEC 19 PM 3:47
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

W. MILLIGAN
EXAMINER

DEC 19 2014

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 12/19/2014

REF. #: 9383470

CORP. NAME: AKERMAN LLP

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CONVERSION | | |

(XX) OTHER: LLP STATEMENT OF QUALIFICAITON

~~FILE SECOND**~~**

STATE FEES PREPAID WITH CHECK# 70032689 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- (XX) CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

**STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN
LIMITED LIABILITY PARTNERSHIP**

1. The name of the partnership as identified in the records of the Florida Department of State:
Akerman LLP

Insert partnership's Florida registration number: OP 1400001589
or
Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named partnership: LLP
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office: One SE 3rd Avenue
(If different from current recorded address): 25th Floor
Miami, Florida
33131

4. The street address of principal office in Florida: _____
(If different from above) _____

5. The name and Florida street address of the partnership's agent for service of process:
NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33124

6. This partnership hereby elects to be a limited liability partnership.

7. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this 18th day of December, 2014

Signature of a partner or authorized person: 

Typed or printed name of person signing above: Andrew M. Smullan, Chairman & CEO



FILED
14 DEC 19 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

***2025 LIMITED LIABILITY PARTNERSHIP ANNUAL REPORT**
FEE IS \$25.00! REPORT DUE BY MAY 1, 2025

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

REGISTRATION # LLP140003809

1. Name and Mailing Address

AKERMAN LLP

98 S.E. 7TH STREET., SUITE 1100
 THREE BRICKELL CITY CENTRE
 MIAMI, FL 33131

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Principal Place of Business Address

98 S.E. 7TH STREET., SUITE 1100
 THREE BRICKELL CITY CENTRE
 MIAMI, FL 33131

5. Federal Employee Identification Number

59-3117860

☐ Applied For

☐ Not Applicable

7. Name and Address of Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE, FL 32301

FILED

2025 MAR 31 PM 12:10

SECRETARY OF STATE
 TALLAHASSEE, FL 32301

LLP #

LLP250000851-5
 03/31/25--01009--005 **25.00

CR2E029 (2/10)

2. New Mailing Address, if Applicable:

Suite, Apt #, etc.

City

State

Zip Code

4. New Principal Office Address, if Applicable:

Suite, Apt #, etc.

City

State

Zip Code

6. Certificate of Status Desired:

☐ \$8.75 Additional Fee Required

8. New Name and/or Address of Registered Agent:

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

City

Zip Code

9. New Registered Agent's Signature, if Changed

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE

Date

10. General Partner's Signature (REQUIRED)

The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PARTNER

3/24/2025

Date

407/419-8432

Daytime Phone #

E-mail Address: melissa.hill@akerman.com

(To be used for future annual report notifications)

L. BROWN

APR - 2 2025